



The Neighborhood Network

NEIGHBORHOOD ORGANIZATION REGISTRATION FORM

Date: _____

Name of Neighborhood Organization: _____

Mailing Address of Organization:

Street/P.O. Box: _____

City/Zip: _____

Fax: _____

Email or Web Site address: _____

Primary Contact Person:

Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Association Office Held: _____

Work Phone: _____

Secondary Contact Person:

Name: _____

Address: _____

Home Phone: _____

Email Address: _____

Association Office Held: _____

Work Phone: _____

Neighborhood Information

- Neighborhood Association Boundaries: (specify exact streets and geographic boundaries)
North _____ South _____
East _____ West _____
- When was your neighborhood/homeowners association started ? _____
- Who is eligible to be a member of your neighborhood or homeowners association?
(For ex: residents, businesses, organizations, etc.) _____
- How many homes are located in your association's boundaries ? _____
- How many people belong to your association? _____
- Does your association have adopted bylaws? ____ yes ____ no; please include with your application.
- Please attach a list of any subcommittees that have been formed and what their areas of interest are.
- How often does your association meet and when? _____
Where does it meet? _____
- Does your association charge its members dues? ____ yes ____ no
How much: \$ _____ Circle how often dues are collected: Annually Bi-annually Monthly

Please mail this application along with any attachments to:
City Manager's Office, P. O. Box 90231, MS 01-0300, Arlington, TX 76004-3231

Or by FAX to 817-459-6671